

STATE AND CONSUMER SERVICES AGENCY . GOVERNOR EDMUND G. BROWN JR.

## TELEPHONE MEDICAL ADVICE SERVICES BUREAU





## REQUEST FOR CHANGE IN PARTNERS OR CORPORATE OFFICERS

Address:  City State Zip Code  Have you ever had any state license, certificate or registration revoked, suspended or denied or otherwise been the subject of disciplinary action by any government agency? If answer is "yes," see instructions below.  Yes No No Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? This includes convictions that may have been expunged pursuant to Penal Code 1203.4. If answer is "yes," see instructions below.  Yes No No If certify under penalty of perjury under the laws of the State of California that all statements made in this Notice and any supporting documents pertaining to this Notice are true and correct.  Signature:  Dated:  Dated:  Name & Title:  SSN Area Code & Phone No.  Address:  City State Zip Code  Have you ever had any state license, certificate or registration revoked, suspended or denied or otherwise been the subject of disciplinary action by any government agency? If answer is "yes," see instructions below.  Yes No  Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? This includes convictions that may have been expunged pursuant to Penal Code 1203.4. If answer is "yes," see	Type of Business:   Partnership   Corporation   Limited Liability Co.					
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Business and Professions Code Section 4999.1(f) states that the department shall be notified within 30 days of any change of name, location of business, corporate officer, or agent of service